



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD980669352

INSTALLATION ADDRESS

SIKORSKY AIRCRAFT DIV OF UTC
N MAIN ST
STRATFORD CT 06601

33 PLATT RD
SHELTON CT 06601

EPA Form 8700-12B (4-80)

06/28/83



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD980669352

NAME: Sikorsky
I.D. NO.: CTD980669352
FILE LOC: R-1A1A-2
OTHER:

INSTALLATION ADDRESS

SIKORSKY AIRCRAFT
6900 MAIN ST
STRATFORD, CT 066011381
SUSAN CAREY ENVR ENGR

33 PLATT RD
SHELTON, CT 06484

EPA Form 8700-12B (4-80)

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Date Received
(For Official Use Only)

SEP 13 1999

DEP WASTE MANAGEMENT BUREAU
CERAMEN

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

C T D 9 8 0 6 6 9 3 5 2

II. Name of Installation (Include company and specific site name)

S i k o r s k y A i r c r a f t C o r p o r a t i o n

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 3 P l a t t R o a d

Street (Continued)

City or Town

S h e l t o n

State

C T

Zip Code

0 6 7 8 4 -

County Code

County Name

F a i r f i e l d

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

6 9 0 0 M a i n S t r e e t P O B o x 9 7 2 9

City or Town

S t r a t f o r d S t 1 2 7 E

State

C T

Zip Code

0 6 6 1 5 - 9 1 2 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

C a r e y

(First)

S u s a n

Job Title

S R E n v i r o . E n g

Phone Number (Area Code and Number)

2 0 3 - 3 8 6 - 5 6 3 3

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other☐ ☒ ☐

B. Street or P.O. Box

6 9 0 0 M a i n S t P O B o x 9 7 2 9

City or Town

S t r a t f o r d

State

C T

Zip Code

0 6 6 1 5 - 9 1 2 9

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P a x t o n v i l l e C o r p o r a t i o n

Street, P.O. Box, or Route Number

2 8 0 P a r k A v e n u e 3 5 F l o o r W e s t

City or Town

N e w Y o r k

State

N Y

Zip Code

1 0 0 1 7 -

Phone Number (Area Code and Number)

2 1 2 - 8 5 0 - 4 3 1 3

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
☒ D 0 0 4 ☒ D 0 0 5 ☒ D 0 0 6 ☒ D 0 0 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

| | | | | | |
|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 W 0 8 0 | 2 U 2 1 0 | 3 F 0 0 2 | 4 F 0 0 3 | 5 F 0 0 4 | 6 F 0 0 5 |
| 7 F 0 0 7 | 8 | 9 | 10 | 11 | 12 |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

| | | | | | |
|--------------|--------------|--------------|--------------|---|---|
| 1 C R 0 2 | 2 C R 0 4 | 3 C R 0 5 | 4 P C B 2 | 5 | 6 |
|--------------|--------------|--------------|--------------|---|---|

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Robert J. Araujo, Mgr. Env. Engineering

Date Signed

09/07/81

XI. Comments

Additional characteristics of non-listed hazardous wastes (item 1XA) D008, D009,

D010, D011, D018, D022, D026, D035, D039, D040, D043, Universal Waste Battery

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

DEP Waste Management Bureau
Waste Engineering & Enforcement

RECEIVED
Date Received
(For Official Use Only)
SEP 19 1996

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

C T D 9 8 0 6 6 9 3 5 2

II. Name of Installation (Include company and specific site name)

S I K O R S K Y A I R C R A F T C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

3 3 P L A T T R O A D

Street (Continued)**City or Town**

S H E L T O N

State

C T

Zip Code

0 6 4 8 4 -

County Code**County Name**

F A I R F I E L D

IV. Installation Mailing Address (See Instructions)**Street or P.O. Box**

6 9 0 0 M A I N S T R E E T P O B O X 9 7 2 9

City or Town

S T R A T F O R D S 1 2 7 E

State

C T

Zip Code

0 6 4 9 7 - 9 1 2 9

V. Installation Contact (Person to be contacted regarding waste activities at site)**Name (Last)**

C A R E Y

(First)

S U S A N

Job Title

S R E N V I R O E N G

Phone Number (Area Code and Number)

2 0 3 - 3 8 6 - 5 6 3 3

VI. Installation Contact Address (See Instructions)**A. Contact Address**
Location Mailing Other☐ ☒ ☐**B. Street or P.O. Box****City or Town****State**

N Y

Zip Code

1 0 0 1 7 -

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

P A X T O N V I L L E C O R P O R A T I O N

Street, P.O. Box, or Route Number

2 8 0 P A R K A V E N U E 3 5 F L O O R W E S T

City or Town

N E W Y O R K

State

N Y

Zip Code

1 0 0 1 7 -

Phone Number (Area Code and Number)

2 1 2 - 8 5 0 - 4 3 1 3

B. Land Type

P

C. Owner Type

P

D. Change of Owner IndicatorYes ☐No ☒**(Date Changed)**

Month Day Year

☐ ☐ ☐

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ ☒ ☒ ☒ D 0 0 4 D 0 0 5 D 0 0 6 D 0 0 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| |
|---------|
| 1 |
| F 0 0 2 |
| 7 |
| |

| |
|---------|
| 2 |
| F 0 0 3 |
| 8 |
| |

| |
|---------|
| 3 |
| F 0 0 4 |
| 9 |
| |

| |
|---------|
| 4 |
| F 0 0 5 |
| 10 |
| |

| |
|---------|
| 5 |
| F 0 0 7 |
| 11 |
| |

| |
|----|
| 6 |
| |
| 12 |
| |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

| |
|---------|
| 1 |
| C R 0 1 |

| |
|---------|
| 2 |
| C R 0 4 |

| |
|---------|
| 3 |
| C R 0 5 |

| |
|---|
| 4 |
| |

| |
|---|
| 5 |
| |

| |
|---|
| 6 |
| |

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Robert J. Araujo - Manager,
Environmental Engineering

Date Signed

9/17/96

XI. Comments

Additional information Item VII A c/o Bankers Trust Co.

Additional characteristics of non-listed wastes (Item IXA) D008, D009, D010, D011, D018, D022, D026, D035, D039, D040

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
SEP 19 1997

DEP-WASTE MANAGEMENT BUREAU
WASTE MANAGEMENT DIVISION

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification: ☒ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

C T D 9 8 0 6 6 9 3 5 2

II. Name of Installation (Include company and specific site name)

S I K O R S K Y A I R C R A F T C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 3 P L A T T R O A D

Street (Continued)

City or Town

S H E L T O N

State

Zip Code

C T

0 6 4 8 4 -

County Code

County Name

F A I R F I E L D

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

6 9 0 0 M A I N S T R E E T P O B O X 9 7 2 9

City or Town

State

Zip Code

C T

0 6 4 9 7 - 9 1 2 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Job Title

Phone Number (Area Code and Number)

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P A X T O N V I L L E C O R P O R A T I O N

Street, P.O. Box, or Route Number

2 8 0 P A R K A V E N U E 3 5 F L O O R W E S T

City or Town

State

Zip Code

NY

1 0 0 1 7 -

Phone Number (Area Code and Number)

2 1 2 - 8 5 0 - 4 3 1 3

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes ☐ No ☒

D - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
D 0 0 4 D 0 0 5 D 0 0 6 D 0 0 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|------------------------------|-------------------|-------------------|--------------------|--------------------|--------------------|
| 1 F 0 0 2 7 U 0 8 0 | 2 F 0 0 3 8 | 3 F 0 0 4 9 | 4 F 0 0 5 10 | 5 F 0 0 7 11 | 6 U 2 1 0 12 |
|------------------------------|-------------------|-------------------|--------------------|--------------------|--------------------|

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

| | | | | | |
|--------------|--------------|--------------|--------------|--------------|---|
| 1 C R 0 1 | 2 C R 0 4 | 3 C R 0 5 | 4 U 2 1 0 | 5 U 0 8 0 | 6 |
|--------------|--------------|--------------|--------------|--------------|---|

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Robert J. Araujo-Environmental Engineering

9/11/97

XI. Comments

Additional information Item VII A c/o Bankers Trust Co.

Additional characteristics of non-listed wastes (Item 1XA) D008,D009,D010,D001,D018,
D022, D026, D035, D039, D040, D043

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 980669352

Company Name: SIKORSKY AIRCRAFT

Date of Request: 8/3/95

Town: SHELTON

| SECTION/ITEM TO BE CHANGED | CURRENT INFORMATION | CHANGE INFORMATION TO: | REASON/ COMMENTS |
|--|--------------------------|------------------------------|---------------------|
| I. Name of Installation | SIKORSKY AIRCRAFT DIV | SIKORSKY AIRCRAFT CORP | PER LETTER 11/1/94 |
| II. Location of Installation | | | |
| III. Mailing Address of Installation | | | |
| IV.a. Installation Contact's Name | | | |
| b. Installation Contact's Title | | | |
| c. Installation Contact's Phone | | | |
| V.a. Ownership | | | |
| b. Property Owner | | | |
| VI. Status Originally notified as: (please circle) SQG (<100 kg/month) SQG (100 - 1000 kg/month) Generator (>1000 kg/mth) Transporter T/S/D Facility | | Change Status to: | |

TSW
9/12/95
QC
9/15/95

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 980669382

Company Name: Sikorsky Aircraft

Date of Request: _____

Town: Shelton

| SECTION/ITEM TO BE CHANGED | CURRENT INFORMATION | CHANGE INFORMATION TO: | REASON/ COMMENTS |
|--|------------------------|---|---------------------|
| I. Name of Installation | | | |
| II. Location of Installation | | | |
| III. Mailing Address of Installation | <u>n. main St</u> | <u>6900 Main St Stratford 06601</u> | |
| IV.a. Installation Contact's Name | | | |
| b. Installation Contact's Title | | | |
| c. Installation Contact's Phone | | | |
| V.a. Ownership | | | |
| b. Property Owner | | | |
| VI. Status Originally notified as: (please circle) SQG (<100 kg/month) SQG (100 - 1000 kg/month) Generator (>1000 kg/mth) Transporter T/S/D Facility | | Change Status to: | |

LOS change

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2250-0028 Expires 10-31-91
GSA No. 2746-EPA-07

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
MAR 29 1993

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

C T D 9 8 0 6 6 9 3 5 2

II. Name of Installation (Include company and specific site name)

S I K O R S K Y A I R C R A F T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 3 P L A T T R O A D

Street (continued)

City or Town

State

ZIP Code

S H E L T O N C T 0 6 4 8 4 -

County Code

County Name

0 0 1 F A I R F I E L D

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

6 9 0 0 M A I N S T R E E T S 1 2 7 E

City or Town

State

ZIP Code

S T R A T F O R D C T 0 6 6 0 1 - 1 3 8 1

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

C A R E Y S U S A N

Job Title

Phone Number (area code and number)

E N V I R O E N G I N E E R 2 0 3 - 3 8 6 - 5 6 3 3

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐
☒

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P A X T O N V I L L E C O R P

Street, P.O. Box, or Route Number

2 8 0 P A R K A V E N U E 3 5 F L O O R W E S T

City or Town

State

ZIP Code

N E W Y O R K N Y 1 0 0 1 7 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

2 1 2 - 8 5 0 - 4 3 1 2 Yes No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. EP Toxic (D000) ☒
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- D 0 0 4 D 0 0 6 D 0 0 7 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|--------------|--------------|--------------|---------------|--------------|--------------|
| 1 F 0 0 1 | 2 F 0 0 2 | 3 F 0 0 3 | 4 F 0 0 4 | 5 F 0 0 5 | 6 F 0 0 7 |
| 7 U 0 0 2 | 8 U 2 2 8 | 9 U 2 2 0 | 10 U 2 2 6 | 11 | 12 |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|--------------|--------------|--------------|---|---|---|
| 1 C R 0 2 | 2 C R 0 4 | 3 C R 0 5 | 4 | 5 | 6 |
|--------------|--------------|--------------|---|---|---|

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

[Signature]

Name and Official Title (type or print)

ROBERT J. ANASTO
MANAGER, ENVIRONMENTAL ENGINEERING

Date Signed

3/22/93

XI. Comments

Additional information Item VII A c/o Bankers Trust Co.

Additional characteristics of non-listed hazardous wastes (Item IX A)

D010, D011, D018, D021, D026, D035, D039, D040

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

FINDS

ID NUMBER ASSIGNMENT/INPUT FORM 1

EPA ID NUMBER

CTD 98-066-9352

TRANS CODE

DATE ENTERED

Y Y M M D D

NAME OF FACILITY

SLKORSKY AIRCRAFT DIV OF UTCSTREET 33 PLATT RDCITY SHELTONSTATE CT ZIP 06601COUNTY NAME FAIRFIELDCOUNTY CODE 001

SYSTEM:

A. RCRA R B. NPDES C. STATE D. HWCTDB E. SUPERFUND
F. TSCA G. CDS H. SIP I. FATES J. DOCKET

Is this a Federal Facility? Yes No

REQUESTOR'S NAME

M. Jules

REQUESTOR'S PROGRAM

RCRA

REQUESTOR'S PHONE

DATE REQUESTED

6/14/83

REQUEST REC'D BY

my.

ASSIGNED BY

my.

METHOD SENT

June 9, 1983

EPA Region I
Permits Branch
195 State Street
4th Floor
Boston, MA 02114

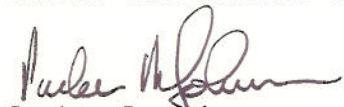
Attention: CSC Mara Yules

We are enclosing the Notification of Hazardous Waste Activity for the subject leased installation.

An Installation EPA I.D. No. is requested for preparation of manifests for removal of hazardous waste from the facility and disposal.

Sincerely,

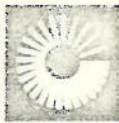
UNITED TECHNOLOGIES CORPORATION



Parker R. Johnson
Facilities & Services
SIKORSKY AIRCRAFT DIVISION

PRJ/csm

Enclosure



UNITED
TECHNOLOGIES
SIKORSKY
AIRCRAFT

North Main Street
Stratford, Connecticut 06602
(203) 386-4000

May 17, 1983

EPA Region I
Permits Branch
P. O. Box 8748
Boston, MA 02114

Gentlemen:

We are enclosing the Notification of Hazardous Waste Activity
for the subject leased installation.

An Installation EPA I.D. No. is requested for preparation of
manifests for removal of hazardous waste from the facility and
disposal.

Sincerely,

UNITED TECHNOLOGIES CORPORATION

Parker R. Johnson
Facilities & Services
SIKORSKY AIRCRAFT DIVISION

PRJ/csm

Enclosure

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

CTD980669352

830613

I. NAME OF INSTALLATION

SIKORSKY AIRCRAFT DIVISION OF UTC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 NORTH MAIN STREET

CITY OR TOWN

ST.

ZIP CODE

4 STRATFORD

CT 06601

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 33 PLATT ROAD

CITY OR TOWN

ST.

ZIP CODE

6 SHELTON

CT 06601

Fairfield

001

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 FREDERICK, JOHN ENVIR ENGINEER 203-386-6718

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 CONNECTICUT DEVELOPMENT COMMISSION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 F 0 0 1 | 2 F 0 0 3 | 3 F 0 0 4 | 4 F 0 0 5 | 5 F 0 0 7 | 6 F 0 0 9 |
| 7 | 8 | 9 | 10 | 11 | 12 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

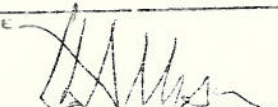
| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|----|----|----|----|----|----|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001)
 ☒ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☒ 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|---|------------------------|
| SIGNATURE  | NAME & OFFICIAL TITLE (Type or print) L. L. Allison Senior Vice President Finance | DATE SIGNED 5/17/83 |
|--|---|------------------------|

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1 F 0 0 1 23 - 26 7 | 2 F 0 0 3 23 - 26 8 | 3 F 0 0 4 23 - 26 9 | 4 F 0 0 5 23 - 26 10 | 5 F 0 0 7 23 - 26 11 | 6 F 0 0 9 23 - 26 12 |
|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|----|----|----|----|----|----|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|---|------------------------|
| SIGNATURE  | NAME & OFFICIAL TITLE (type or print) L. L. Allison Senior Vice President Finance and Administration | DATE SIGNED 5/19/83 |
|--|---|------------------------|

shelton BR-35746

Rollins CHEMPAK, Inc.

GENERATOR INFORMATION

Dear Customer:

Federal regulations requires that the generator submit to their Regional EPA Administrator, formal Demonstration and Certification that a good faith effort has been made to locate and contract with treatment and recovery facilities which provide the greatest environmental benefit for each waste stream covered by 40 CFR 268.8. The attached Demonstration and Certification Forms can be used for that purpose. It is recommended that in addition to forwarding a copy to your Regional EPA office, you retain a copy for your records. Our CHEMPAK Chemist will assist in their preparation.

INSTRUCTIONS FOR COMPLETING: Page 1 and 2 DEMONSTRATION/CERTIFICATION

PAGE 1: Incineration Demonstration/Certification Letter: This form lists those waste numbers that are restricted from land disposal and will be incinerated to comply with current regulations. If any waste numbers are checked off, the generator must sign and submit to EPA. A copy MUST accompany the shipment. If no waste numbers apply write NOT APPLICABLE across form and do not mail or sign.

PAGE 2: Chemical Stabilization Demonstration/Certification letter. This form list those waste numbers that are restricted from direct landfill and can not be incinerated by RES. They will be treated before land disposal. If any waste numbers are checked off generator must sign and submit to US EPA. A copy must accompany shipment. If this treatment is not used and/or no waste numbers are checked off DO NOT mail or sign. Write not applicable.

PAGE 3 THRU 9: Facility Notifications - Must Accompany Shipment

PAGE 3: This form must be completed and signed whenever waste is being incinerated regardless of waste numbers involved. Enter all information and sign. If information is not complete shipment could be rejected by receiving facility.

PAGE 4: Check off constituents for F001-F005 if these wastes are being handled. Generator must sign. At the bottom of the page, add all other waste numbers from manifest with the exceptions of those found on page three and page six.

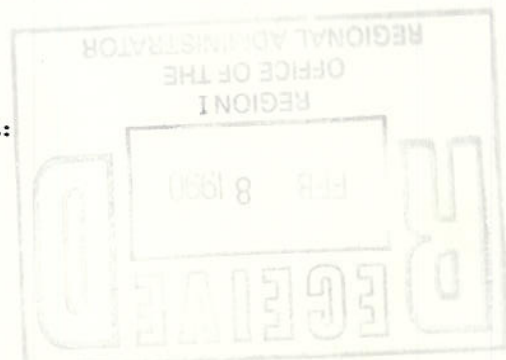
PAGE 5: Landfill and/or Stabilization. Complete for all restricted waste numbers (including incinerator ash) handled DE or SE. If yes, all information must be entered regardless of waste numbers involved. Be sure to include all "CA List" and "HOC's". Generator must then sign. If this method is not being used, write NOT APPLICABLE and generator needs not sign.

PAGE 6: Complete if necessary.

Make three (3) copies of each page for distribution as follows:

- o GENERATOR
- o SHIPMENT
- o CHEMPAK OFFICE

Should you have any questions concerning these certification/notification requirements, our chemist(s) assigned to your project will answer them. If further information is required contact the Rollins CHEMPAK National Quality Control Manager at 302-479-3446.





CHEMPAK

Dear Customer:

The Louisiana Department of Environmental Quality requires you to submit a "Demonstration and Certification" letter to them if you are disposing of restricted waste streams at Rollins Environmental Services (LA), Inc. Your CHEMPAK chemist will advise you when "soft hammer" wastes are being disposed of.

When required the Demonstration and Certification letters should be mailed to:

**Dr. Paul Templet
Secretary
Louisiana Department of Environmental Quality
Post Office Box 44066
Baton Rouge, Louisiana 70804**

**INCINERATION STREAMS
REGIONAL ADMINISTRATOR
U. S. ENVIRONMENTAL PROTECTION AGENCY (CHECK REGION)**

☒ **EPA REGION I**
JFK Federal Building
Boston, Massachusetts 02203
(617) 223-2468
Connecticut, Massachusetts, Maine
New Hampshire, Rhode Island, Vermont

☐ **EPA REGION II**
26 Federal Plaza
New York, New York 10278
(212) 264-5175
New Jersey, New York, Puerto Rico,
Virgin Islands

☐ **EPA REGION III**
841 Chestnut Street
Philadelphia, Pennsylvania 19107
(215) 597-9336
Delaware, Maryland, Pennsylvania
Virginia, West Virginia,
District of Columbia

☐ **EPA REGION IV**
345 Courtland Street, N.E.
Atlanta, Georgia 30365
(404) 347-3016
Alabama, Florida, Georgia
Kentucky, Mississippi, North
Carolina, South Carolina, Tennessee

☐ **EPA REGION V**
230 South Dearborn Street
Chicago, Illinois 60604
(312) 353-2000
Illinois, Indiana, Michigan,
Minnesota, Ohio, Wisconsin

☐ **EPA REGION VI**
1445 Ross Avenue
Dallas, Texas 75202
(214) 655-6700
Arkansas, Louisiana, New Mexico,
Oklahoma, Texas

☐ **EPA REGION VII**
726 Minnesota Avenue
Kansas City, Kansas 66101
(913) 256-2800
Iowa, Kansas, Missouri, Nebraska

☐ **EPA REGION VIII**
One Denver Place
999 18th Street, Suite 1300
Denver, Colorado 80202-2413
(303) 293-1502
Colorado, Montana, North Dakota,
South Dakota, Utah, Wyoming

☐ **EPA REGION IX**
215 Fremont Street
San Francisco, California 94105
(415) 974-7472
Arizona, California, Hawaii,
Nevada, American Samoa, Guam,
Trust Territories of the Pacific

☐ **EPA REGION X**
1200 Sixth Avenue
Seattle, Washington 98101
(206) 442-2777
Alaska, Idaho, Oregon, Washington

RE: SECTION 268.8 (a)(1) DEMONSTRATION AND CERTIFICATION

This DEMONSTRATION AND CERTIFICATION is submitted pursuant to 40 CFR 268.8(a)(1). (LAB PACKS/SMALL QUANTITIES)
It is submitted in connection with a hazardous waste stream generated at this facility. The stream(s) is classified by EPA waste code number (see below) which is a "First Third" or "Second Third" soft hammer waste. Pursuant to section 268.8 we have made an effort to locate treatment or recovery facilities which provide the greatest environmental benefit. Because this stream is an organic stream, the greatest environmental benefit would be provided by RCRA authorized incineration which destroys the hazardous constituents. Since such treatment is available, we have contracted with a RCRA authorized incineration facility for treatment of the waste by incineration. That facility is:

☒ Rollins Environmental Services (LA) Inc.
Baton Rouge, LA
EPA ID#: LAD010395127

☐ Rollins Environmental Services (NJ) Inc.
Bridgeport, NJ
EPA ID#: NJD053288239

☐ Rollins Environmental Services (TX) Inc.
Houston, TX
EPA ID#: TXD055141378

☐ OTHER

The restricted waste is properly classified by the following EPA waste numbers.

Check off appropriate waste numbers.

| | | | | | | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> P001 | <input type="checkbox"/> P036 | <input type="checkbox"/> P069 | <input type="checkbox"/> U005 | <input type="checkbox"/> U022 | <input type="checkbox"/> U049 | <input type="checkbox"/> U070 | <input type="checkbox"/> U098 | <input type="checkbox"/> U119 | <input type="checkbox"/> U140 | <input type="checkbox"/> U163 | <input type="checkbox"/> U179 | <input type="checkbox"/> U210 | <input type="checkbox"/> U24E |
| <input type="checkbox"/> P002 | <input type="checkbox"/> P037 | <input type="checkbox"/> P070 | <input type="checkbox"/> U007 | <input type="checkbox"/> U023 | <input type="checkbox"/> U050 | <input type="checkbox"/> U073 | <input type="checkbox"/> U099 | <input type="checkbox"/> U122 | <input type="checkbox"/> U142 | <input type="checkbox"/> U164 | <input type="checkbox"/> U180 | <input type="checkbox"/> U211 | <input type="checkbox"/> Other |
| <input type="checkbox"/> P003 | <input type="checkbox"/> P048 | <input type="checkbox"/> P072 | <input type="checkbox"/> U008 | <input type="checkbox"/> U026 | <input type="checkbox"/> U051 | <input type="checkbox"/> U074 | <input type="checkbox"/> U101 | <input type="checkbox"/> U124 | <input type="checkbox"/> U143 | <input type="checkbox"/> U165 | <input type="checkbox"/> U185 | <input type="checkbox"/> U213 | <input type="checkbox"/> |
| <input type="checkbox"/> P004 | <input type="checkbox"/> P049 | <input type="checkbox"/> P081 | <input type="checkbox"/> U009 | <input type="checkbox"/> U029 | <input type="checkbox"/> U053 | <input type="checkbox"/> U077 | <input type="checkbox"/> U103 | <input type="checkbox"/> U127 | <input type="checkbox"/> U147 | <input type="checkbox"/> U168 | <input type="checkbox"/> U188 | <input type="checkbox"/> U218 | <input type="checkbox"/> |
| <input type="checkbox"/> P005 | <input type="checkbox"/> P050 | <input type="checkbox"/> P082 | <input type="checkbox"/> U010 | <input type="checkbox"/> U031 | <input type="checkbox"/> U057 | <input type="checkbox"/> U078 | <input type="checkbox"/> U105 | <input type="checkbox"/> U128 | <input type="checkbox"/> U149 | <input type="checkbox"/> U169 | <input type="checkbox"/> U189 | <input type="checkbox"/> U219 | <input type="checkbox"/> |
| <input type="checkbox"/> P007 | <input type="checkbox"/> P054 | <input type="checkbox"/> P084 | <input type="checkbox"/> U011 | <input type="checkbox"/> U035 | <input type="checkbox"/> U059 | <input type="checkbox"/> U083 | <input type="checkbox"/> U106 | <input type="checkbox"/> U129 | <input type="checkbox"/> U150 | <input type="checkbox"/> U170 | <input type="checkbox"/> U192 | <input type="checkbox"/> U220 | <input type="checkbox"/> |
| <input type="checkbox"/> P008 | <input type="checkbox"/> P057 | <input type="checkbox"/> P102 | <input type="checkbox"/> U012 | <input type="checkbox"/> U036 | <input type="checkbox"/> U060 | <input type="checkbox"/> U086 | <input type="checkbox"/> U108 | <input type="checkbox"/> U130 | <input type="checkbox"/> U154 | <input type="checkbox"/> U171 | <input type="checkbox"/> U193 | <input type="checkbox"/> U226 | <input type="checkbox"/> |
| <input type="checkbox"/> P014 | <input type="checkbox"/> P058 | <input type="checkbox"/> P105 | <input type="checkbox"/> U014 | <input type="checkbox"/> U037 | <input type="checkbox"/> U061 | <input type="checkbox"/> U089 | <input type="checkbox"/> U109 | <input type="checkbox"/> U131 | <input type="checkbox"/> U155 | <input type="checkbox"/> U172 | <input type="checkbox"/> U196 | <input type="checkbox"/> U227 | <input type="checkbox"/> |
| <input type="checkbox"/> P016 | <input type="checkbox"/> P059 | <input type="checkbox"/> P108 | <input type="checkbox"/> U015 | <input type="checkbox"/> U041 | <input type="checkbox"/> U062 | <input type="checkbox"/> U092 | <input type="checkbox"/> U110 | <input type="checkbox"/> U133 | <input type="checkbox"/> U157 | <input type="checkbox"/> U173 | <input type="checkbox"/> U200 | <input type="checkbox"/> U228 | <input type="checkbox"/> |
| <input type="checkbox"/> P018 | <input type="checkbox"/> P060 | <input type="checkbox"/> P112 | <input type="checkbox"/> U016 | <input type="checkbox"/> U043 | <input type="checkbox"/> U063 | <input type="checkbox"/> U093 | <input type="checkbox"/> U111 | <input type="checkbox"/> U134 | <input type="checkbox"/> U158 | <input type="checkbox"/> U174 | <input type="checkbox"/> U203 | <input type="checkbox"/> U237 | <input type="checkbox"/> |
| <input type="checkbox"/> P020 | <input type="checkbox"/> P066 | <input type="checkbox"/> P123 | <input type="checkbox"/> U018 | <input type="checkbox"/> U044 | <input type="checkbox"/> U064 | <input type="checkbox"/> U094 | <input type="checkbox"/> U114 | <input type="checkbox"/> U135 | <input type="checkbox"/> U159 | <input type="checkbox"/> U176 | <input type="checkbox"/> U206 | <input type="checkbox"/> U238 | <input type="checkbox"/> |
| <input type="checkbox"/> P026 | <input type="checkbox"/> P067 | <input type="checkbox"/> U002 | <input type="checkbox"/> U019 | <input type="checkbox"/> U046 | <input type="checkbox"/> U066 | <input type="checkbox"/> U095 | <input type="checkbox"/> U115 | <input type="checkbox"/> U137 | <input type="checkbox"/> U161 | <input type="checkbox"/> U177 | <input type="checkbox"/> U208 | <input type="checkbox"/> U239 | <input type="checkbox"/> |
| <input type="checkbox"/> P027 | <input type="checkbox"/> P068 | <input type="checkbox"/> U003 | <input type="checkbox"/> U020 | <input type="checkbox"/> U047 | <input type="checkbox"/> U067 | <input type="checkbox"/> U097 | <input type="checkbox"/> U116 | <input type="checkbox"/> U138 | <input type="checkbox"/> U162 | <input type="checkbox"/> U178 | <input type="checkbox"/> U209 | <input type="checkbox"/> U244 | <input type="checkbox"/> |

IF ANY OF THE ABOVE BOXES ARE CHECKED, GENERATOR MUST SIGN BELOW STATEMENT.

I certify under penalty of law that the requirements of 40 CFR 268.8(a)(1) have been met and that I have contracted to treat my waste (or will otherwise provide treatment) by the practically available technology which yields the greatest environmental benefit, as indicated in my demonstration. I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Sikorsky Aircraft
COMPANY
CTD 160 669 352
EPA ID#

Very truly yours,
J. D. Conway
REPRESENTATIVE

cc: To disposal facility, local Rollins CHEMPAK office
Revision 6